

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS61AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2008
NAME OF PROVIDER OR SUPPLIER MAYHILL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3855 MAYHILL LAS VEGAS, NV 89121		
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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/8/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, and persons with Alzheimer's disease and dementia, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 072 SS=F	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	Continued From page 1 and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 9/8/08, the facility failed to ensure 1 of 2 employees who had medication administration training for three years met the re-training requirement. Findings include: Employee #1: The employee completed initial medication training in 1999 and had evidence of re-training in 2002. The employee did not have evidence of at least three hours of medication re-training within the last three years. Severity: 2 Scope: 3	Y 072			
Y 152 SS=A	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy.	Y 152			

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Y 152	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to provide evidence of a current insurance policy. Findings include: The insurance policy posted in the facility expired on 11/16/07 and did not list the Bureau as the entity to be contacted 30 days prior to cancellation. Severity: 1 Scope: 1	Y 152		
Y 178 SS=E	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the interior and exterior of the facility were not adequately maintained. Findings include: Areas of the facility showed a lack of general upkeep: 1. The overhead air intake vents were covered with a layer of dust. 2. The baseboards around the facility also had a brown-grey layer of dust along the top edges. 3. The cabinets and counter tops on the kitchen	Y 178		

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Y 178	Continued From page 3 had a greasy, sticky residue of cooking grease. 4. The floor in the resident shower room showed signs of moldy growth. 5. See also Tags Y179, Y998 and Y999 Severity: 2 Scope: 2	Y 178		
Y 179 SS=B	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the windows for 2 of 5 bedrooms were not adequately screened. Findings include: The screen for the window to bedroom #2 was bent and broken. There was no screen on the window in bedroom #5. Severity: 1 Scope: 2	Y 179		
Y 252 SS=F	449.217(3) Storage of Food-Adequate storage; Packaging NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.	Y 252		

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Y 252	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure all foods were appropriately stored and packaged. Finding include: Open boxes of cereal were stored on the shelves in the facility's pantry. A 5-gallon bucket with a laundry detergent label was stored on the floor under shelves of food and contained rice. Severity: 2 Scope: 3	Y 252		
Y 254 SS=E	449.217(5) Storage of Food-No chemicals, detergents NAC 449.217 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure toxic substances were not stored in the food pantry. Findings include: A small room located north of the kitchen was being used for storage of canned and dry foods.	Y 254		

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Y 254	Continued From page 5 Containers of rice, a bag of potatoes and other food items were stored on the floor in the room. A container of pesticide ant spray was left on the floor near the doorway to the room. Two bottles of dish washing soap were stored on a shelf with other food items. Severity: 2 Scope: 2	Y 254		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure all smoke detectors were in working order. Findings include: The smoke detector located in the hallway outside the laundry room was not operational when tested. Severity: 2 Scope: 1	Y 444		
Y 695 SS=C	449.2712(2)(b)(2) Oxygen-Oxygen in use; no smoking signs NAC 449.2712 2. The caregivers employed by a residential facility with a resident	Y 695		

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Y 695	Continued From page 6 who requires the use of oxygen shall: (b) Ensure that: (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored. This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to post signs to prohibit smoking in the areas where oxygen was being used by 2 of 5 residents and in all areas it was stored. Findings include: Employee #2 reported Resident #2 was on oxygen 24-hours a day and Resident #5 used oxygen when he needed it. Oxygen was being used by the residents in their rooms, oxygen was available on the wheelchair of Resident #2 and bottles of oxygen were being stored in the living room. No signs prohibiting smoking were posted in the facility. Severity: 1 Scope: 3	Y 695		
Y 698 SS=F	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that:	Y 698		

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Y 698	Continued From page 7 (5) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the facility did not ensure all oxygen tanks were kept secured. Findings include: Ten oxygen E-tanks were stacked upright, side by side, in the northeast corner of the living room. The caregiver reported an oxygen supply company was scheduled to pick up the tanks and that the company had not provided racks for the tanks to be placed in. The tanks were bordered by the north and east walls of the corner, the end of a couch on the west side and a chair was placed against the south side of the group. Resident #1 was observed wandering around the living area adjusting furniture she was able to move and to sit briefly on every chair and on the couch. An oxygen tank was also found in the back yard during the facility tour. Severity: 2 Scope: 3	Y 698		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A	Y 876		

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Y 876	<p>Continued From page 8</p> <p>caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: NRS 449.037 Adoption of standards, qualifications and other regulations. 6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 <NRS-453.html> and 454.213 <NRS-454.html> to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. NRS 449.037(6). The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 <NRS-453.html> and 454.213 <NRS-454.html> to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. A drug or medicine referred to in NRS 454.181 <NRS-454.html> to 454.371 <NRS-454.html>, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. Based on record review on 9/8/08, the facility failed to ensure 3 of 5 residents had ultimate users agreement with the facility.</p>	Y 876		

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Y 876	Continued From page 9 Findings include: The files for Residents #2, #3 and #4 did not contain medication assistance agreements signed by the residents or their representatives. Severity: 1 scope: 3	Y 876		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on observation and record review on 9/8/08, the facility failed to ensure the files for 5 of 5 residents were kept secured and that 4 of 5 residents met the tuberculosis (TB) testing requirements. Findings include: A file cabinet containing the files of Residents #1, #2, #3, #4 and #5 was located in the facility's kitchen and was found to be unlocked at the beginning of the survey.	Y 936		

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Y 936	Continued From page 10 Resident #1: The resident was admitted on 6/19/08. The resident's file did not contain evidence of initial tuberculosis (TB) testing. Resident #2: The resident was admitted on 6/9/07. The resident's file did not contain evidence of initial two-step TB testing. A one-step TB skin test was completed on the resident on 10/11/07, four months after admission, but there no evidence of a second step. Resident #4: The resident was admitted on 4/6/06. A one-step TB test was completed on 10/18/06, six months after admission. The facility was cited during their 4/22/07 annual survey for failure to complete an initial two-step TB test. A second TB test was not initiated until 10/8/07 and was completed on 10/11/07. Resident #5: The resident was admitted on 8/22/08. There was no evidence in the file of initial TB testing. This is a repeat deficiency from the 4/22/07 annual State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.	Y 991		

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Y 991	<p>Continued From page 11</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the facility failed to ensure there were operational alarms on 3 of 3 exit doors.</p> <p>Findings include:</p> <p>The front and back door alarms were disabled on the day of the survey. Employee #2 reported there was a switch by the front door that he could use to turn the door alarms on and off. A resident was observed in the backyard at the beginning of the survey. When he re-entered the facility through the backdoor, the door alarm did not sound. Persons entered and left the facility through the front door during the survey, and the door alarm did not sound when they entered, nor when they left.</p> <p>A door to the east side yard was observed in the facility pantry. The door was not alarmed though the caregiver related the side yard gate was locked. There was access to the hall outside the pantry from the kitchen. The door from the kitchen to this hallway was propped open during the survey which would allow a resident access to the pantry and the exit door.</p> <p>Two of the five current residents were ambulatory and could leave the facility on their own accord. One of these two residents was observed wandering from chair to chair in the front room but did not try to use the doors. The second of the two residents was aware of his surroundings and did not relate a desire to leave the facility.</p> <p>Severity: 2 Scope: 3</p>	Y 991		

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Y 998 SS=F	<p>449.2756(f)(4) Alzheimer's Facility</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(f) The facility has an area outside the facility or a yard adjacent to the facility that:</p> <p>(4) Is maintained in a manner that does not jeopardize the safety of the residents.</p> <p>All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility yards were not maintained for safe use for 5 of 5 residents.</p> <p>Findings include:</p> <p>The back and side yards of the facility were not kept free of items that would present a hazard or restrict the movement of the residents. The area along the sides of the house contained a propane tank for a barbecue grill, two vacuum cleaners, empty boxes, multiple folded walkers, wheelchairs and wheelchair foot attachments and old containers of paint. An oxygen tank, a bed frame and a window screen were found in the backyard.</p>	Y 998		

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Y 998	Continued From page 13	Y 998		
	Severity: 2 Scope: 3			
Y 999 SS=F	<p>449.2754(1)(g) Alzheimer's Facility</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 9/8/08, the facility failed to ensure all chemicals and cleaners were stored in locked cabinets to protect 5 of 5 residents.</p> <p>Findings include:</p> <p>The hallway closet door was found to be unsecured and the following were found on the shelves: A can of disinfectant spray, toilet bowl cleaner, a can of deodorant, furniture polish, moisturizing cream, Hydrogel and Neosporin ointment.</p> <p>The hall bathroom had a container of toilet bowl cleanser in an unsecured cabinet under the sink. The back bathroom had a container of septic system treatment in an unsecured cabinet under the sink. The magnetic closure for the medicine cabinet was not working and the cabinet door would not remain closed.</p> <p>The cabinet under the kitchen sink held</p>	Y 999		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 999	Continued From page 14 containers of dish soap and other types of cleansers. The child proof guard that had been installed on one of the cabinet doors was missing and the other was no longer working. Severity: 2 Scope: 3	Y 999		
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or older. 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to	YA106		

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YA106	<p>Continued From page 15</p> <p>perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 9/8/08, the facility failed to ensure 4 of 4 employees met tuberculosis (TB) testing requirements, that 2 of 4 employees met the criminal background check requirements, and that 2 of 4 employee met the first aid and cardiopulmonary resuscitation (CPR) requirements.</p> <p>Findings include:</p> <p>NAC 441A - Tuberculosis (TB) Testing: Employee #1: The administrator has worked at the facility since the facility opened in the late 1990s. The administrator's file contained completed TB sign and symptoms reviews for 2007 and 2008; but there was no evidence of a past negative chest x-ray or a positive TB test in the file.</p> <p>Employee #2: The employee was hired on 11/15/03. There was no evidence of a physical being completed on the employee since his hire date. The employee's file contained a negative chest x-ray report dated 9/10/03 but no evidence</p>	YA106		

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YA106	<p>Continued From page 16</p> <p>of a positive TB skin test, negative TB signs and symptoms reviews dated 6/7/06 and 2/2/08, but a negative one-step TB test completed on 10/11/07. The administrator was unable to explain why the employee would have a TB skin test in 2007 when he had tested positive in the past; and how the employee could test negative on the skin test in 2007 if he had been positive in 2003.</p> <p>Employee #3: The employee's hire date was also listed as 11/15/03. There was no evidence of a physical being completed on the employee since the hire date. The employee's file contained a negative chest x-ray dated 9/11/03 but no evidence of a positive TB skin test; and only one annual TB signs and symptoms review dated 2/2/08. This employee also had a negative TB skin test completed on 10/11/07. The administrator was unable to give an explanation why a second employee would complete a TB skin test after having a history of testing positive.</p> <p>The administrator was advised that Employees #2 and #3 needed additional one-step TB tests to determine their TB status.</p> <p>Employee #4: There was no hire date listed in the employee's record. The employee had a history of positive TB test and an annual signs and symptoms review dated 8/15/07. There was no evidence of a signs and symptoms review in 2008.</p> <p>Criminal History Background Checks:</p> <p>Employee #2: The employee had a negative background check dated 11/26/02. The employee had new fingerprint cards for the five year update completed on 10/2/07. There was no</p>	YA106		

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YA106	Continued From page 17 evidence in the file that the fingerprints had been submitted and no evidence of an updated background check. Employee #4: The employee had a negative background check dated 3/12/03. There was no evidence in the file of the five year updated background check. First Aid and Cardiopulmonary Resuscitation (CPR) Training: Employee #1: The employee's First Aid and CPR training expired in September 2007. There was no evidence in the file of re-certification training. Employee #4: The employee's First Aid and CPR training expired in August of 2005. There was no evidence in the file of re-certification training. This is a repeat deficiency from the 4/22/07 annual State Licensure survey. Severity: 2 Scope: 3	YA106		
YA451 SS=F	449.231(2)(a-f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a	YA451		

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YA451	Continued From page 18 person. This Regulation is not met as evidenced by: Based on observation and interview on 9/8/08, the facility failed to ensure a complete first aid kit was available in the facility. Findings include: The first aid kit provided by the caregiver was empty except for a pair of scissors and gauze. The caregiver reported he was unable to find germicide, sterile gauze pads, adhesive bandages, disposable gloves, a shield for providing cardiopulmonary resuscitation (CPR) or a thermometer. Severity: 2 Scope: 3	YA451		
YA977 SS=F	449.2754(8)(a-d) Alzheimer's Activities NAC 449.2754 8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the resident. The following activities must be conducted at least weekly: (a) Activities to enhance the gross motor skills of the residents; (b) Social activities; (c) Activities to enhance the sensory abilities of the residents; and (d) Outdoor activities.	YA977		

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YA977	<p>Continued From page 19</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 9/8/08, the facility failed to provide a program of activities to meet the needs of 5 of 5 residents.</p> <p>Findings include:</p> <p>The survey was conducted in the afternoon and three residents were observed sleeping or watching television (TV) in their rooms; one resident (#1) was in the living room wandering from chair to chair; and one resident was watching TV in the living room. The caregiver, Employee #2, was questioned about activities he provided for the residents. The caregiver reported the residents were "too confused" to participate in any activities.</p> <p>Resident #5 was in his robe and when interviewed was found to be aware of his surroundings and able to discuss the decline in his mental health. He stated he had recently moved into the facility (8/22/08) because he could not live on his own any longer. He related he found there was not much to do at the facility besides watch TV and the other residents were not able to hold a conversation with him due their more advanced level of dementia. The resident continued to converse with this surveyor during the survey and said he enjoyed having someone to talk to. Employee #2 was heard to repeatedly command Resident #1 to stay seated and stop getting up from her chair but did not offer her an alternative activity.</p> <p>The file for Employee #2 showed he had attended training in working with residents with dementia in 2000, 2004 and 2008 but did not relate or display sufficient knowledge to provide appropriate</p>	YA977		

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YA977	Continued From page 20 activities for residents of the facility. Severity: 2 Scope: 3	YA977			

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